

UNITED STATES DISTRICT COURT

For the

District of

DELAWARE

BRIAN K Reinbold

SUMMONS IN A CIVIL CASE

V.
United States Postal Service

+

CASE NUMBER:

05 47 --

NALC Local 191

TO: (Name and address of Defendant)

US Attorney District of Delaware
1007 N. Orange St
Suite 700
P.O. Box 2046 Wilm, DE 19804

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

BRIAN K Reinbold
PO Box 2565
Wilm, DE 19805

an answer to the complaint which is served on you with this summons, within 60 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

FILED
U.S. DISTRICT COURT
DISTRICT OF DELAWARE
MAR - 7 PM 3:39

PETER T. DALLEO

CLERK

(By) DEPUTY CLERK

DATE

1/28/05

CERTIFIED MAIL™

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
 US Attorney District of Delaware
 Street, Apt. No.,
 or PO Box No. 101 7 Large St Suite 700/PO Box 2046
 City, State, ZIP+4
 Wilmington, DE 19899

PS Form 3800, June 2002 See Reverse for Instructions

PO BOX 2565
 WILMINGTON, DE 19805-2565

NEVER DETACH THIS SECTION FROM THE ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

US ATTORNEY
District of Delaware
1607 N. Orange St.
Suite 700
PO Box 2046
Wilmington, DE 19899

2. Article Number

(Transfer from service label)

7004 1160 0006 3104 1079

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes
☐ No

3. Service Type

☐ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Certified Mail

- A mailing receipt
- A unique identifier
- A record of delivery

Important Reminder

- Certified Mail must be paid for at the time of mailing.
- NO INSURANCE for valuables, please.
- For an additional delivery. To obtain Receipt (PS Form 3811), Endorsement "R" is required.

- For an additional addressee's authorization, Endorsement "F" is required.

- If a postmark on the receipt is not needed, the receipt is not needed.

IMPORTANT: See Internet access to address to API

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is not available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry. Internet access to delivery information is not available on mail addressed to APOs and FPOs.

(PS Form 3800, June 2002 (Reverse))

US ATTORNEY
DISTRICT of DELAWARE
1007 N. ORANGE ST.
SUITE 700
PO BOX 2046
WILMINGTON, DE 19899

PO BOX 2565
WILMINGTON, DE 19805-2565

2/8/2005

http://trkcnfrm1.smi.usps.com/netdata-cgi/db2www/cbd_243.d2w/detail



POSTAL INSPECTORS
Preserving the Trust

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Track & Confirm by email What is this?

Notification Options

- NOTICE LEFT, January 31, 2005, 12:01 pm, WILMINGTON, DE 19899
- NOTICE LEFT, January 31, 2005, 10:17 am, WILMINGTON, DE 19899
- ACCEPTANCE, January 29, 2005, 12:11 pm, WILMINGTON, DE 19808

Here is what happened earlier:

Your item was delivered at 9:34 am on February 03, 2005 in WILMINGTON, DE 19899.

You entered 7004 1160 0006 3104 1079

Shipment Details

Track & Confirm

Enter label number:

Track & Confirm FAQs

Track & Confirm



PS Form 3811, August 2001
Domestic Return Receipt
102595-02-M-1540

2. Article Number
(Transfer from service label)
7004 1160 0006 3104 1079

1. Article Addressed to:
US ATTORNEY
District of Delaware
1607 N. Orange St.
Suite 700
PO Box 2046
Wilmington, DE 19899

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION

A. Signature *Dan Kanner*
X
B. Received by (Printed Name) *Dan Kanner*
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
FEB 03 2005

3. Service Type
☐ Certified Mail
☐ Registered
☐ Return Receipt for Merchandise
☐ Insured Mail
☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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For delivery information visit our website at www.usps.com[®]
OFFICIAL USE
WILMINGTON, DE 19899

7004 1160 0006 3104 1079

Sent To
US Attorney, District of Delaware
1607 N. Orange St./PO Box 2046
Wilmington, DE 19899
City, State, ZIP+4

PS Form 3800, June 2002
See Reverse for Instructions

Postage	\$40.37
Certified Fee	\$2.30
Return Receipt Fee (Endorsement Required)	\$1.75
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$44.42

01/29/2005
MARSHALLTON DE
09
Postmark
JAN 29 2005
19808

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.